**Alternative Care in Egypt**

Combining features of adoption and foster care as known in other countries, *Kafala* system in Egypt is a service that operates under the name “alternative families,” while taking the Islamic Sharia into consideration. Specifically, *Kafala* is an alternative care setting for children who are without parental care. There are several reasons for children in Egypt to be outside of parental care including unwanted pregnancies, financial challenges, as well as parental neglect or lack of interest in parenting altogether. Traditionally, residential care is the most commonly used alternative care for children without parental care. However, residential care has been universally discouraged for the negative developmental consequences it potentially has on children.

Egypt heavily depends on residential care to deal with children without parental care, specifically, orphaned children or children whose families are unable to support . While infant abandonment in Egypt occurs for many of the same reasons as it does around the world , the care for abandoned infants in Egypt remains particular . Both Islamic family law and child law do not allow for adoption. Basically, legal guardianship may only be assigned to blood relatives. Therefore, the governmental authority in Egypt clearly differentiates between adoption–legal guardianship–and fostering of orphaned children, known as the *Kafala* system. The placement of children with *Kafala* families may be made through three channels / routes: (1) first, financial support to children while they remain living in residential care, (2) second, contractual agreement with residential home to fully support children in their own home, and (3) third, contractual agreement with the Family and Childhood governmental administration under Ministry of Social Solidarity to fully support children. While The Egyptian *Kafala* families system primarily addresses care of newborns who have been abandoned; however older children and adolescents can still be placed in the system.

In 1989, Egypt has ratified the convention of child rights (CRC) in , which emphasizes the right of the child to grow in a family setting. In time of ratification, most Muslim countries including Egypt had expressed their official reservation regarding the articles which oblige states to provide alternative care to children deprived of their families with direct reference to adoption as an option. In response to the reservations, the CRC added the option of *Kafala* to accommodate for the Islamic context. As article 20 of CRC, which stipulated that “1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. 3. Such care could include, inter alia, foster placement, ***Kafala of Islamic law***, adoption or if necessary placement in suitable institutions for the care of children.” Following the ratification of the CRC, Egypt enacted the child law in 1996 and then amended it in 2008 in order to further promote the act of *Kafala* under the name “alternative family.”

Even before the ratification, alternative care was initiated and regulated in 1968 by a ministerial Decree No. 17. The goal of both legislations was to provide social, psychological, and health care for newborn abandoned children.

Due to the sensitivity of the topic of *Kafala,* its legal framework of *Kafala* is often backed up by religious Fatwa. As mentioned above, adoption is strictly prohibited in Islam, however Dar Al-Ifta Al Misrryah (the sole body authorized to issue official religious rulings in Egypt) issued a fatwa in 2005 to clarify that stand of Islam with regard to adoption:

*Islam encourages that children deprived of parental care should be sponsored and provided for by people acting as if they were their parents based on the Sunnah. Based on this, the responsibility of sponsoring an orphan in Islam includes all the responsibilities and duties of adoption except changing lineage, which Islam prohibits and its ensuing consequences. Allah Almighty knows best (source: Dar Alifta Al Masriah, the legal ruling for adoption).*

Children under the age of three months were under the jurisdiction of the Ministry of Health, which rendered this age group ineligible to enter *Kafala* system (The Alternative Care System in Egypt, 2014). The main reasons for which children under the age of three months were under the supervision of MoH is due to the medical needs of this age group such as necessary vaccinations, the fragility of the babies when found and necessity of health follow ups. Moreover, the MoH provides a special service for children under the age of three months to of natural breastfeeding through *Mordiaat* or nannies in exchange to 90 LE as monthly stipend. This practice is only based on a ministerial decree. In 2014, a new declaration by Ministry of Social Solidarity has moved the care of 0-3 months-old children under MOSS and hence facilitated their eligibility to enter *Kafala* system (The Alternative Care System in Egypt, 2014).

Egyptian alternative care is managed by Family and Childhood department (FCD) under the Ministry of Social Solidarity (MoSS) and its directories. In each directorate, there is an FCD that is responsible to carry out the alternative care program in the governorate. The practice of “alternative families” is defined as the placement of abandoned children, based on a decision of the Regional Alternative Care Committee, in the care of a family. There are more than 12000 alternative families in Egypt while there are 10000 children and youth in orphanages. The ministry of Social Solidarity has introduced major reform in the children law and the bylaw that responds to the best interest of children without care. The articles of the abovementioned bylaw changed to allow the single women to be eligible for *Kafala* when they reach the age of 30 instead of 45, as was the case prior to the amendment. Also, the amendments provide the online application for *Kafala* has become the only channel to apply for *Kafala* instead of documented application with a visit to a social unit. Moreover, the amendments established a new entity to develop the system, which is the high committee for alternative families. Furthermore, the reform includes an article that enables the families to accompany the child with them abroad while if they have a residential stay in another country. The bylaw requires that at least one of the family members carries the Egyptian nationality in order to be allowed to foster an infant. One of the most significant amendments of the *Kafala* system was the ability to cooperate with diverse NGOs in conducting social research and field visits for families. Also, MoSS now has a database that includes the date of fostered infants, children, youth and their families. In addition, the bylaw obliges MoSS to give the families a *Kafala* ID which includes the data of the child, his father, and his mother. Families can use IDs for all administrative paperwork in different governmental and non-governmental entities. The foster family can change the name of the child to add their last name or to replace the name of the unknown parent with the alternative father name. Also, according to bylaw the first name of the unknown mother can be replaced with the name of the alternative mother. The bylaw also stated that the guardianship can be given from MoSS to the alternative family with diverse requirements. The alternative family has the educational mandate for their child.

Recently, in April 2021m MoSS released the National Strategy for the Alternative Care of Children and Youth in Egypt ‘Access to the Best-Possible Alternative Care for Every Child and Young Person in Egypt (2020-2030). The national strategy consists of many objectives, including the following:

1. Enhanced legislative and regulatory environment conducive to the promotion of the overall direction of the National Strategy for the Alternative Care of Children and Youth.
2. Enhanced capacity of families to enable them to provide better care for their children and young people.
3. Strengthened capacity of the alternative care system of children and youth to provide quality access to better care and protection commensurate with their varying needs.
4. Supply of sufficient and certified human resources willing to be deployed in the fields of family support and alternative care of children and youth.
5. Upgraded cognitive structure underpinning the alternative care system of children and youth.
6. Improved perception of society towards the alternative care system and enhanced access to opportunities of community-based re-integration of children and youth deprived of family care.
7. Enhanced principles of participation and governance to guide the development, delivery, and monitoring of the National Strategy and the implementation plan.

The Key Conjectures of the National Strategy are:

* 1. Development of a legislative framework for the alternative care service of children and youth that is entrenched in the principles of ‘necessity’, ‘suitability,’ and ‘continuity’ of care and centred around the best interest of the child.
	2. Development of an alternative care system for children and youth on the basis of a systems-based approach, a life-cycle-based approach, and a participatory approach, to ensure the universality and inclusiveness of the system, in terms of addressing the needs of children and young people, irrespective of their age level and as appropriate to their specific needs. This is in tandem with ensuring the system-wide complementarity of services across government and non-government actors.
	3. Transitioning from a binary-option system of alternative care (family care versus institutional care placement) towards a large-scale, multi-alternate care system (four options for family and family-type care alternatives have been put forward as a priority for action).
	4. Shifting from a ‘capacity-building’ approach towards a 'functional competency scheme’ within the alternative care system of children and young people; a scheme that clearly delineates the functions, competencies, career progression, and finally the pay scale by professions, as appropriate for the alternative care system (six career jobs have been identified as a priority for action).
	5. Development of a National Programme for the Alternative Care of Children and Youth structured along the stages of engagement of the child, the youth, and/ or the family concerned with the alternative care system, encompassing five sub-programs, namely: The Welfare/ Care Programme, the Rehabilitation-for-Independence Programme, the Protection Programme, the Transformation and Deinstitutionalisation Programme, and the Family Rehabilitation and Support Program.
	6. Development of a system for rehabilitation, certification, and monitoring of human resources and care alternatives.
	7. Development of an up-to-date, digital cognitive structure, disaggregated by data on children, youth, and families as well as the whole range of care alternatives, being a mainstay of the National Strategy; besides, a digital update mechanism, supplemented with networking platform with all parties concerned.
	8. Establishment of a mechanism for cross-stakeholder coordination and monitoring to ensure follow-up, assessment, and update of the implementation plan of the National Strategy.
	9. Development of a ‘change management’ plan within the relevant entities and units, comprising mainly inter- and intra-agency communication instruments with a view to changing perceptions and behaviours of the human personnel within those entities.
	10. Observance of the principles of necessity, suitability, and continuity of care in all decision-making concerning the welfare of children and young people, as well as the best interest of the child, which may require allowing the child to remain with the family, placement the child with an alternative family, or committal of the child to semi-institutional care (based on a well-defined set of criteria on prioritisation of care alternatives.

MoSS organizes frequent workshops to draft the action plan of the national strategy. One of the most crucial goals of the strategy is the new alternative care law. MoSS has finalized the first draft of the law, which will assist in the gradual transformation of the institutional care to family care. Egypt’s main aim in what concerns the *Kafala* system is that the family care which achieves the best interest of the Egyptian children.

Recently, MoSS established three small homes as new paradigm, which are categorized as semi-family care: one of them is located in Cairo and the two other ones are in Alexandria Currently, there is a long waiting list of families who want to foster care of infants.

MoSS also expanded its case management unit, established in 7 out of the 27 governorates and attempts to ensure the establishment of the unit in the remaining 20 governorates. This is because the unit is expected to achieve the best interest of the children and youth. In parallel to the expansion of the family care system, MoSS is planned to develop a new model of institution which will include diverse activities for orphans who cannot be placed in families for their own best interests

In collaboration with many NGOs, MoSS developed aGuide to Alternative Families System in Egypt which is released in 2019. The Guide aims at clarifying a map for the system and procedures of the placement of a child deprived from family care into a good alternative family, to achieve the following:

* Adopting a standardized methodology in the course of following procedures, tools, trainings, assesment criteria and standards for the proper selection of families on the national level.
* Developing a plan to integrate a child into an alternative family, while taking into consideration the best interests of the child and to respect his/her rights, including maintaining a contact between the child and his/her family members in case of Kafala, based on a case study conducted by the child’s case manager.
* Guiding principles for the foster families system at all stages whether for families or service providers, providing guidance to residents, social workers, and the management and childcare team during the assessment and social reconciliation process between the child and the future foster family.
* Documenting a list of the effective tools used in the system (Admission forms, inspection, evaluation, etc.).
* Keeping a list of habilitation and development training programs that must be obtained by all the elements of the system.

We hope that this guide will be the nucleus of the development of the alternative families system in Egypt. As a result, it might help raise qualified families’ as well as children’s awareness of the importance of family care. Moreover, there are coordinated efforts done in collaboration between the MoSS in partners to raise community awareness about *Kafala.*  Finally, the national strategy for alternative care was developed in cooperation with UNICEF, NGOs and INGOs.